PAGE 1/5 =

05/16/2022 17 : 14

Only

## STATEMENT OF

FEC FORM 1			RGAN		ON				Office	Use On	.h.		
1. NAME OF			Check if nam	e Exa	mple:If typing,	type	12FE	г4м5	Office	USE OII	iy		
COMMITTEE (in	full)	i.	s changed)	ove	r the lines.		TZFE	THIS					
Ocean Stat	e For	ward											
ADDRESS (number a	nd street)	PO Box 1	15320										
(Check if a is changed													
is onanged	*)	Washing	gton				DC STATE	J	20003		 	 DE ▲	
COMMITTEE'S E-MA	AIL ADDRE	SS											
(Check if a			extlevelpart	ners.net									
is changed													
		Optional	Second E-Ma	ail Address			1 1		1 1	1 1	1 1	1 1	. 1
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (UI	RL)										
2. DATE 0	M / D	6 / Y	2022										
3. FEC IDENTIFIC	CATION N	UMBER <b>&gt;</b>		C008153	40								
4. IS THIS STATEN	MENT X	NEW	(N) <b>O</b>	R [	AMENDE	ED (A)							
certify that I have e	examined th	nis Stateme	ent and to the	best of my	knowledge and	d belief it i	s true, o	correct a	and co	mplete			
Type or Print Name	of Treasure	May, Je	nnifer, , ,										
Signature of Treasure	er <i>May</i> ,	Jennifer, , ,			[Electronically I	Filed]	Date	M M 05	/ [	16	/ Y	2022	Y
NOTE: Submission of	false, erron				bject the person				the per	alties o	of 2 U.	S.C. §4	437g.
Office Use					For further info Federal Election Toll Free 800-42	Commission				EC F Revised			

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	1 4go <b>2</b>
Cano	didate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Device	od 03/3000)	Dage 2
FEC Form 1 (Revise Write or Type Committee Na		Page <b>3</b>
Ocean State F		
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	archin BAC Snoncor
-	u Organization, Anniated Committee, John Fundralsing Representative, or Leading	ership PAC Sportsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: le	dentify by name, address (phone number optional) and position of the person in	possession of committee
	ennifer, , ,	1
Full Name	PO Box 15320	
Mailing Address		
	Washington DC 20000	3
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202 –	505   1657
3. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the j., assistant treasurer).	name and address of
Full Name May, Je of Treasurer	ennifer, , ,	
Mailing Address	PO Box 15320	
	Washington DC 20003	ZIP CODE
Title or Position Treasurer		505   -   1657

FEC <b>For</b> n	<b>1</b> (Revised 02/2009)	Page <b>4</b>						
Full Name of Designated Agent								
Mailing Address								
	CITY STATE ZIF	P CODE						
Title or Position	Telephone number =							
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Bank of America								
Mailing Address	201 Pennsylvania Ave SE							
	Washington DC 20003							
	CITY STATE ZII	P CODE						
Name of Bank, I	Depository, etc.							
Mailing Address								
	CITY STATE ZII	CODE						

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: